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form, together with applicable fee(s), to: Mail Complete and sendun

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JOHN G TOLOMEI, PATENT DEPARTMENT **UOP LLC** 25 EAST ALGONQUIN ROAD P O BOX 5017 **DES PLAINES, IL 60017-5017**

03/10/2005 TBESHAH2 00000031 10618932

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FILING DATE

FIRST NAMED INVENTOR

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CONFIRMATION NO.

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(Signature

(Date)

APPLICATION NO. 10/618,932

07/14/2003

Paul A. Sechrist

107167 6641

TITLE OF INVENTION: METHOD FOR REMOVING HALOGEN FROM A VENT STREAM

APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	I'ATE DUB	
nonprovisional	NO	\$1400	\$0	\$1400	C3/10/2005	
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
JOHNSON,	EDWARD M	1754	423-24000S			
Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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From:	ROSE LUBICH, Patent Dept.	Date:	3/10/05
Phone:	847-391-2040	Fax:	847-391-2387
Serial Number:	10/618,932	Examiner:	Edward M. Johnson
Allowance Date:	12/10/04	Art Unit:	1754
Issue Fee Date:	3/10/05	Confirm.No	·· 6641
Attachments:	1. PART B - ISSUE FEE TRANSMITTAL;	Pages:	4 including this page.
	2. FEE TRANSMITTAL FOR FY 2004;		
	3. CREDIT CARD FORM PTO-2038.		

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Effective on 12/08/2004			Cor	nplete if Ki	nown	
Fees pursuent to the Consolidated Appropriations Act. 2005 (H		Application Nu		0/618,932		
FEE TRANSMITT	AL	Filing Date	JI	uly 14, 2003	3	
For FY 2005	First Named In		Paul A. Sechrist			
Applicant claims small entity status. See 37 CFR	1.27	Examiner Nam		dward M. J	ohnson	
		Art Unit		754 107167		
TOTAL AMOUNT OF PAYMENT (\$) 1400		Attorney Dock	et No.			
METHOD OF PAYMENT (check all that apply)						
Check X Credit Card Money Order	Nor	ne Other	(please identii	fy):		
Deposit Account Deposit Account Number:		Deposit /	Account Name	·		
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Information and authorization on PTO-2038.						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FILING FEES	I N FRES SEAF	RCH FEES	EXAMIN	NATION FE	ES	
Application Type Fee (\$) Fee (\$)	Fee (Small Entity	Fee (\$)	Small Enth Fee (\$)	Σ <u>F</u> €	es Paid (\$)
Utility 300 150	500	250	200	100		
Design 200 100	100	50	130	65		
Plant 200 100	300	150	160	80		
Reissue 300 150	500	250	600	300		
Provisional 200 100	0	0	0	0		<u> </u>
2. EXCESS CLAIM FEES					Fe	<u>\$mall Entig</u>
Fee Description Each claim over 20 or, for Reissues, each claim of	ver 20 an	d more than in	the origina	al patent		50 25
Each independent claim over 3 or, for Reissues, 6	ach inde	pendent claim	more than i	n the origin	al patent	200 100 360 180
Multiple dependent claims Total Claims Extra Claims Fee (\$)	Foo	Paid (\$)	Multiple	Dependent		. 180
- 20 or HP = X	=		Fee		Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 2		Paid (\$)			_	-
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HP = highest number of independent claims paid for, if greate	erthan 3					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sl	heets of p	aper, the applic	cation size	fee due is \$	250 (\$125 1	for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.10(5).						
	mber of ea	ich additional 54 (round up to	or fraction	itnereor	Fee (\$)	ree raju (3)
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no si	mall entit	y discount)				 :
Other: 1501 Utility Issue Fee (\$1400) 1504 Publication Fee (\$300)						
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Other: 150	1 Utility Issue Fee (\$1400) 1504 Put	olication Fee (\$300)	
SUBMITTED BY Signature	1/4.1	() ()	Registration No. 41,203	Telephone 847 391-2948
Name (Print/Tyne) Michael A. Moore		mag	(Attorney/Agent)	Date March 10, 2005

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